TCEQ Microbial Reporting Form (TCEQ-10525) B3 Labs Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule 4503 Spring Cypress Rd. Suite C7 Spring TX 77388 Water System Identification & Sample Collection Information (Please print or type the information) Phone: (346) 588-5133 Public Water System ID: TCEQ Laboratory ID: Certificate ID: TX-C25-00043 1700901 (Must be 7 digits; include all zeros) T104704564 **Laboratory Analysis Public Water System Name:** DEER TRAIL WATER DISTRICT Sample Iced? Temperature (°C) **Lab Comments** Name Aggregate Water Services Actual Corrected No IR GUN ID: Temp: Address 25329 Budde Rd STE 701 Incubation Date and Time Lab Rejected Code (LR) - Document Reason: Start Date and Time City: TX 77380 2131 Analyst: The Woodlands State: Zip Code: 220 End Date and Time Analyst: Phone #: 936.321.7721 **PWS Email Result Reporting and Approval** 7220 \* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES aboratory Approval: 7230 Sample Identification/Location Sample Type (√ one) Collected Chlorine Residual Reported to PWS By: **Original Sample Laboratory Analysis Results** Use sample site location/address identified in the Info: Sample ID system's RTCR Sample Siting Plan and Date of Time Test Method: SM9223B - Colilert Colilert 18 Rejection Code Date Free Total Analysis Results meet all accreditation requirements Collection Military Time (if applicable) (MM/DD/YY) unless stated otherwise. mg/L mg/L Repeat, TSM Raw Raw Well Chlorine Check **Total Coliform** E. coli (HHMM) Repeat Please Raw Wells: Use Well Source ID (Ex: G1234567A) Well, Replacement) Recollect Absent Present Present Absent Present **Laboratory Sample ID Number** Absent 12336 N Chestnut Hill 25H1470 8/29/25 1638 1.12 I acknowledge that samples were handled appropriately and all information is accurate. Falsification of this form or tampering with water samples is a crime punishable under state and/or federal law. (Texas Penal Code, Title 8, Chapter 37.10) Sampler Name (Print): Ben Walsh Sampler Signature: Sampler Phone #: 936.203.3762 Operator License # Sampler Email: Ben@B3labs.net WO0042735 (if applicable): Relinquished By Received By Walsh Date and Time: Date and Time: Sampler: Courier (if applicable): Relinquished By

Courier:

Received By Lab:

Date and Time:

Date and Time: